Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1990

Department of Health and Fitness

91-06565/

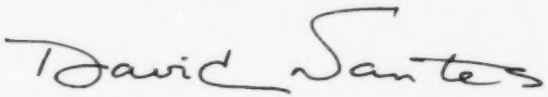
To His Honour,
The Honourable Lloyd Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1990.

I have the honour to be, Sir,

Your most obedient servant,



David Nantes,
Minister of Health and Fitness

To the Honourable David Nantes,
Minister of Health and Fitness,
Province of Nova Scotia

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1990.

I have the honour to be, Sir,

Your obedient servant,

Wayne J. Grady,
Deputy Minister

Contents

INTRODUCTION

HOSPITAL AND MENTAL HEALTH PROGRAMS

Health Care Institutions Division 9

Psychiatric Mental Health Services Division 16

PUBLIC HEALTH PROGRAMS

Community Health Services Division

Community Health Nursing 22

Health Promotion and Fitness 23

Nutrition Services 27

Epidemiology 29

Dental 29

Public Health Engineering 30

Radiation Inspection 31

Public Health Inspection 31

Heart Health Program 33

HEALTH SUPPORT SERVICES

Finance Division 36

Systems, Research, and Planning Division 39

Vital Statistics Division 44

Personnel Division 46

Legal Counsel 50

INTRODUCTION

This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various divisions within the Department. It is intended to give a brief overview of the Department's activities in the province during the year 1989-90.

For the fiscal year 1989-90 the Department of Health and Fitness organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	–	Health Care Institutions
Administrator	–	Psychiatric Mental Health Services
Administrator	–	Community Health Services
Administrator	–	Finance
Administrator	–	Systems, Research and Planning
Director	–	Vital Statistics
Director	–	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The Division is responsible for the Department's programs and services to health care institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring of general hospital operations and standards
- review of availability, accessibility, and utilization of hospital services by the community
- hospital services planning
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals

The province, for the purposes of planning and reviewing hospital services, is divided into nine regions. Three regional directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to Valley Health Services Association and Northside Harbor View hospitals during this period. Team visits begin with a review and clarification of hospital performance on a department-by-department basis. During the visit the Department of Health and Fitness is represented by the administrator, the regional director, and the staff consultants from the Health Care Institutions, Finance, and Systems Research and Planning Divisions. Along with the hospital administrator and department heads, the hospital is also usually represented by board members and medical staff who attend all or part of the sessions. These visits continue to be well received as they assist in clarifying the hospital's role and identifying problem areas, and they provide an open forum for discussion and understanding between the Department of Health and Fitness and the hospital.

Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital and/or the Department of Health and Fitness. Every effort is made to keep close

contact with hospitals so that a clear understanding of the situations faced by hospitals and the Department is maintained and problems are resolved.

The Department issued program guidelines for Chronic Intermittent Peritoneal Dialysis in October 1989.

The Department initiated the development of a medical manpower plan for specialists. Based on data available from the Royal College of Physicians and Surgeons and a Specialty Workload Methodology developed internally, the province is negotiating with hospitals the number of specialists appropriate to the needs of the population. This document will be completed in 1990 and will allow for more effective identification or medical manpower needs.

The Department established a committee following a request from the Council on the Status of Women to review caesarean section rates in the province. This committee held public hearings in Sydney, Halifax, Amherst, and Yarmouth to obtain the views of Nova Scotia women on caesarean sections. Results of this report will be available in 1990.

The Department continued the implementation process of a province-wide Nursing Workload Measurement System for larger institutions during 1989-90. Fourteen hospitals are in the process of implementing this system. This system will provide hospital staff with improved information for management of nursing resources and will assist the province in the introduction of the National Management Information System.

Facilities Planning and Construction

A number of hospitals are planning or are completing improvements to their facilities.

Construction was completed for:

St. Martha's Regional Hospital (replacement)
Bayview Memorial Hospital (replacement)
New Waterford Out-Patient Services
Queens General Hospital - Ambulatory Wing
North Cumberland Memorial Hospital (renovations/additions)
Nova Scotia Rehabilitation Centre (renovations/additions)
All Saints Memorial Hospital (alterations/additions)
Dartmouth General Hospital (Phase II expansion)

Construction started on the following new hospitals:

Colchester Regional Hospital Nuclear Medicine Addition
(completion 1990)
Sydney Community Health Centre
3rd and 5th floor renovations (completion 1990)

Construction continued on:

Grace Maternity Hospital (completion 1990)
Valley Health Services (completion 1991)

Design progressed on:

Cape Breton Regional Hospital
Camp Hill Medical Centre - Halifax Infirmary

Joint planning initiatives were started for Kings County between Eastern Kings, Valley Health and Western Kings hospitals. In addition, combined role studies commenced for Lunenburg-Queens counties between Fishermen's Memorial, South Shore Regional and Queens General hospitals.

Operational Initiatives

A number of initiatives to improve efficiency of hospital operations were commenced in this period.

The Department continues to develop a population methodology for the funding of services. During the year the in-patient catchment figures for hospitals were updated. In addition, a laboratory catchment survey was undertaken to define the population base using individual laboratories.

A major initiative was embarked upon in 1989 with the transfer of patients and services from the Halifax Civic Hospital to the Camp Hill Medical Centre. The Civic will continue to be used in a new role by the Commission on Drug Dependency for adolescent drug and alcohol rehabilitation.

The Department also announced that the Victoria General Hospital would be provided the same level of independence as most other non-government owned hospitals. A number of working groups have been established to insure a smooth transition for the hospital to self-governance.

A committee to evaluate the Laboratory Credit System for funding was established. The committee surveyed institutions on this method of funding and identified areas where adjustments are warranted. The committee will complete its review by 1990.

A Geriatric Assessment and Rehabilitation Unit opened at St. Martha's Regional Hospital. The purpose of this unit is to optimize function and minimize institutional care for the elderly.

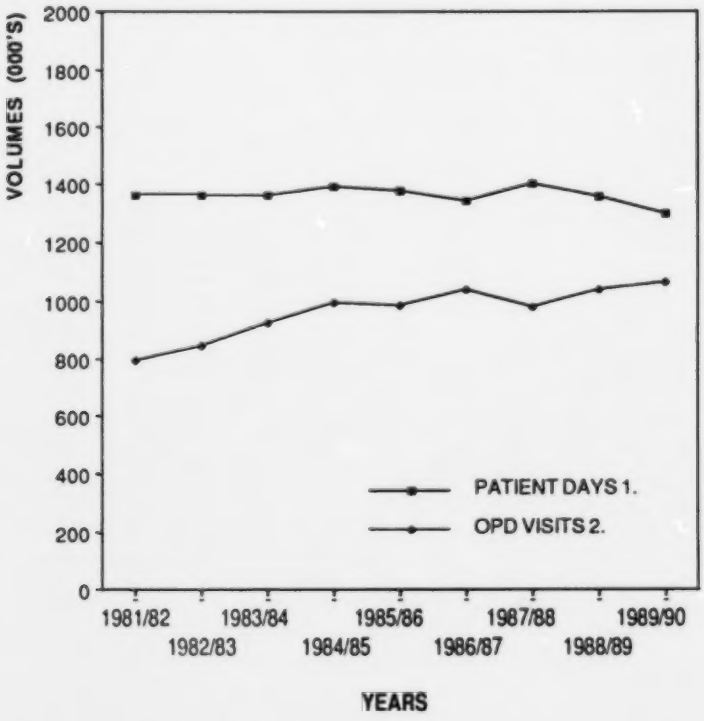
An innovative project was initiated in 1989 as a one-year program called the Capital Incentives Program. The thrust of this program was to assist hospitals in implementing cost savings through capital purchases. Under the program, realization of cost savings or pay back must occur within three years. A total of $761,500 was allocated to this program.

Major initiatives continued in 1989 with respect to hospital mergers. Sydney City, Sydney Community Health Centre and the Cape Breton Hospital merged and now function under one Board in Industrial Cape Breton.

Hospital Utilization

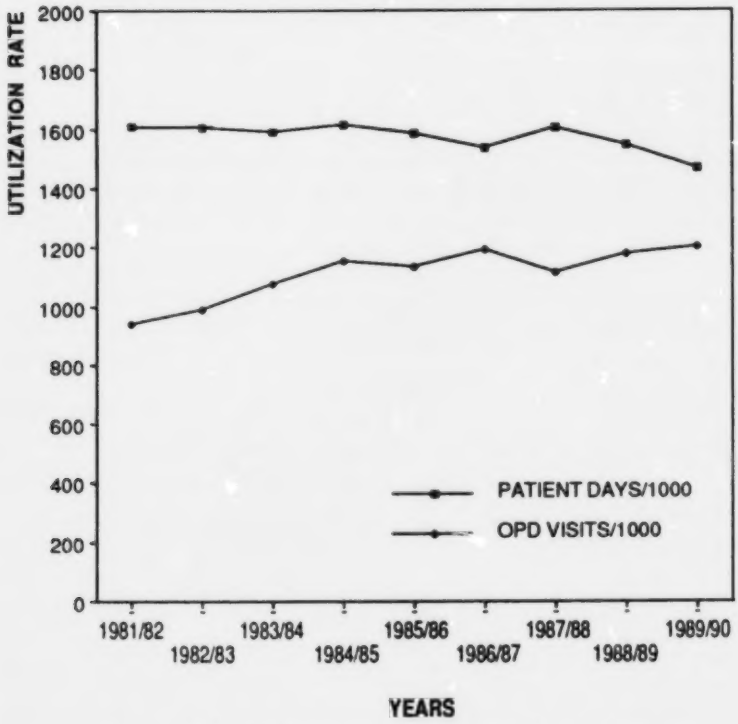
Use of in-patient and out-patient hospital services per 1000 population from 1981-82 to 1989-90 is shown on the two following graphs. The total number of patient days in hospital and out-patient (OPD) visits to hospital are shown in the first graph. The second graph shows the same information in terms of days and visits per 1000 Nova Scotians in each year. Out-patient visits continue to grow, reflecting both new services offered by hospitals and some substitution of newer treatments that would have required admission to hospitals in the past. A slight decline in the number of patient days reflects the substitution of out-patient for in-patient services and other changes in medical practice such as the increasing use of day surgery. The third graph shows the trend towards a greater use of day surgery.

HOSPITAL SERVICES: UTILIZATION 1981/82 TO 1989/90



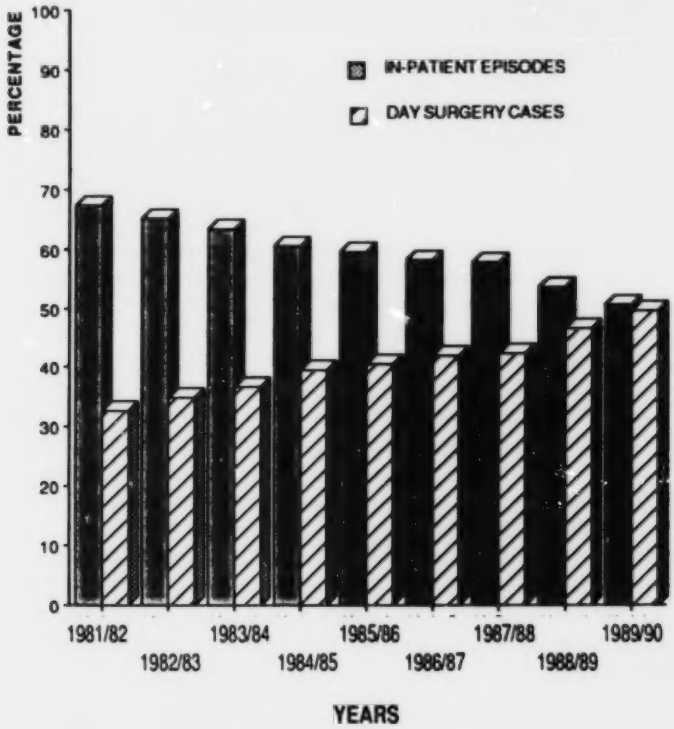
1. A&C Days at General Hospitals
2. Organized OPD and Emergency Visits

HOSPITAL SERVICES: RATES PER 1,000 POPULATION 1981/82 TO 1989/90



Note: About 3.5 per cent of patient days are by non-residents of Nova Scotia.

SURGICAL UTILIZATION
1981/82 TO 1989/90



PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

The Psychiatric Mental Health Services Division provides overall planning and is responsible for the development of comprehensive mental health services on a decentralized basis throughout the province. The goal of the Psychiatric Mental Health Services Division is to provide a continuum of service, including psychiatric in-patient care, out-patient services and partial hospitalization, and to have all of these services available in each region of the province.

In this regard, the division approves all budgets for psychiatric facilities and psychiatric services included in the non-portable section of the budgets of general hospitals. The division also funds the Psychiatric Facilities Review Board and the Metropolitan Mental Health Planning Board (an advisory body on mental health services in the Metropolitan Halifax/Dartmouth area). The division evaluates and approves new construction, monitors standards, and provides consultative services, staff training, and development funding.

Psychiatric Mental Health Services currently consist of one psychiatric hospital (Nova Scotia Hospital), the Atlantic Child Guidance Centre, and psychiatric mental health services located in regional hospitals and in tertiary care hospitals, including the Victoria General Hospital, Izaak Walton Killam Hospital and Camp Hill Medical Centre. This year the Cape Breton Hospital was amalgamated with the Cape Breton Regional Hospital. The in-patient psychiatric service in the regional hospital remains a psychiatric facility designated by the Minister for the observation, care and treatment of persons suffering from psychiatric disorders. The Yarmouth Regional Hospital has expanded its psychiatric in-patient service and this hospital has also been designated as a psychiatric facility.

The following chart indicates the location of services available and those being planned.

PSYCHIATRIC MENTAL HEALTH SERVICES

PROVINCE OF NOVA SCOTIA

Facility	In-patient Services	Partial Hospitalization	Out-patient Services	Satellite Clinics
Aberdeen Regional Hospital	Being Planned	Being Planned	Yes	Yes
Atlantic Child Guidance Centre	No	No	Yes	Yes
Camp Hill Medical Centre	Yes	Yes	Yes	Yes
Cape Breton Regional Hospital	Yes	Yes	Yes	Yes
Colchester Regional Hospital	Being Planned	Yes	Yes	No
Hants Community Hospital	No	No	Yes	No
Izaak Walton Killam Hospital	Yes	No	Yes	No
Highland View Regional Hospital	No	Yes	Yes	Yes
Nova Scotia Hospital	Yes	Yes	Yes	Yes
St. Martha's Regional Hospital	Yes	Being Planned	Yes	Yes
South Shore Regional Hospital	Yes	Being Planned	Yes	Yes
Valley Health Services Association	Yes	Yes	Yes	Yes
Victoria General Hospital	Yes	No	Only Specialized Services	No
Yarmouth Regional Hospital	Yes	Yes	Yes	Yes

The principal highlights of the year were as follows:

Aberdeen Hospital

The Department of Psychiatry and Mental Health Services continues with planning for in-patient and partial hospitalization services.

Atlantic Child Guidance Centre

The Centre continues to be an active participant in the Metropolitan Inter Facility Referral Review or Redirection (MIRROR) Committee. There has been an expansion of staff to deal with the increased workload. One position will service Sackville from the Cobequid Multi-Service Centre and one will service the Eastern Shore area of Halifax County.

Cape Breton Hospital

Planning continues for psychiatric mental health services in the new regional hospital for Cape Breton.

Camp Hill Medical Centre

The out-patient department continues to assess a large number of new patients per month. A second partial hospitalization facility for active chronically ill adults is being proposed. The centre reallocated some psychiatric beds to open a Psychiatric Crisis Unit. A combined Geriatric/Psychogeriatric program has been proposed.

Colchester Regional Hospital

Planning continues for the regional hospital which will include a psychiatric in-patient unit to complement the present out-patient and partial hospitalization programs.

Highland View Regional Hospital

This facility continues to provide out-patient services. It also operates satellites in South Cumberland and All Saints Hospitals with a visiting team to Parrsboro. In addition, partial hospitalization services are provided. This is the original partial hospitalization program in the province.

Izaak Walton Killam Hospital

The Department of Psychiatry is the main teaching unit for child and adolescent psychiatry. Staff of this Department have been providing ongoing regular consultation services to some of the regional hospital services that require this assistance.

Nova Scotia Hospital

The plans for a new extended care facility on the hospital grounds have been approved. A space study of the hospital has been completed and a role study is in progress.

St. Martha's Hospital

Construction has been completed on the new regional hospital and the psychiatric in-patient unit was opened in June 1989.

South Shore Regional Hospital

Construction has been completed on the new regional hospital, including a psychiatric in-patient unit. A partial hospitalization program is being planned.

Valley Health Services Association

Construction of the new regional hospital in Kentville is underway and will include a psychiatric in-patient unit. At present there are two partial hospitalization programs; one for active treatment and one for long-term patients. Support was received from local municipalities for a community outreach program for chronic mentally ill patients.

Victoria General Hospital

The in-patient unit is continuing to provide specialized programs for persons with eating disorders and refractory depression. A neuropsychiatry program is being developed. Consultation/liaison service, which is available to all areas of the hospital, is being strengthened. This includes service to patients with AIDS.

Yarmouth Regional Hospital

The Yarmouth Regional Hospital has expanded its psychiatric in-patient service. Additional funding has enabled expansion of psychiatric services in the Digby Hospital.

Child And Adolescent Services

The Co-Directors of Child and Adolescent Services are working on a plan to co-ordinate the delivery of child and adolescent services throughout the province. These positions are jointly shared between the Department of Health and Fitness and the Department of Community Services. In the interim, attempts are being made to deal with the tremendous demand for immediate services for children in crisis. A proposal from the Department of Psychiatry and Mental Health Services at the Aberdeen Hospital and the Children's Aid Society of Pictou County resulted in the opening (November) of an adolescent emergency assessment centre in New Glasgow. A similar proposal is being developed by the Cape Breton Hospital and the Children's Aid Society. Additional staff for child and adolescent programs has been approved at the Valley Health Services Association and Colchester Regional Hospital. Discussions are being held in the Metropolitan Halifax/Dartmouth area with the Izaak Walton Killam Hospital, the Atlantic Child Guidance Centre, and the Nova Scotia Hospital to integrate and enhance the Child and Adolescent Services and to develop a new, more appropriate and flexible system.

Additionally, resources ae being developed for an Out-Patient Community Services Assessment Program to fill the needs under the Young Offenders Act and the Children's Services Act.

Regional Mental Health Advisory Committees

The joint steering committee of the Canadian Mental Health Association/Nova Scotia Division and the Department of Health and Fitness, working to develop a proposal to revitalize the regional planning vehicle for Psychiatric Mental Health Services, has submitted its report to both parent bodies and the Deputy Minister of Health and Fitness. The report reflects a community participation model that supports a working partnership for regional mental health planning. The recommendations also include mandatory development of an evaluation tool to assess the outcome during each developmental phase and ongoing evaluation once the committees are established in each region.

Metropolitan Mental Health Planning Board

A Role and Mandate Committee was struck to review the role of the Metropolitan Mental Health Planning Board and to come forward with recommendations regarding revitalization of this body. The proposal was approved at the Annual Meeting and forwarded to the Minister of Health and Fitness.

Long Term Mentally Disabled

A joint committee of the Department of Health and Fitness and the Department of Community Services began meeting to discuss alternate community placement for this group of individuals.

Drug And Alcohol Programs

Each of the programs at Yarmouth Regional Hospital and Valley Health Services Association are being evaluated for possible federal/provincial shared funding.

Psychiatric Out-patient Information System Evaluation

A committee chaired by the External Consultant on Health Systems and Information Analysis has been developing recommendations regarding a new out-patient reporting system for Psychiatric Mental Health Services.

Senior Staff Meetings

Two senior staff meetings were held during the year with all administrators and medical directors from all mental health and psychiatric services, as well as representatives of the Metropolitan Mental Health Planning Board and the Nova Scotia Division of the Canadian Mental Health Association.

Consultation

The division consultants continue to provide internal and external consultation in their respective areas of expertise.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

Community Health Nursing

Community Health Nursing priorities are the promotion of health and the prevention of illness for all Nova Scotians. Attainment of these priorities is through provision of service to clients (individuals, families, or communities) by Community Health Nurses and Certified Nursing Assistants. Within the seven Health Units, approximately 260 staff are employed and are located in 60 offices. This year continues to witness a significant change in staff and in the evaluation of programs.

Family Health provides education and service to a variety of populations. The prenatal population receives services through classes and home visits; the post-partum population is provided service through home visiting. In addition, services such as nutrition, child supervision, and assessment are provided to families. Each Health Unit has designated Sexuality Education Resource Nurses (SERN) to assist adolescents, families, parents, schools, and others in education.

School and Health Promotion services are provided by Community Health Nurses. Educational sessions on a variety of topics such as pediculosis, AIDS, personal hygiene, lifestyle, and communicable disease are provided to students, teachers, and parents. Peer Assisted Learning Smoking Prevention Program (PAL) has been implemented provincially and has met with great success. In addition, screening services which include Enhanced Vision and Hearing Screening are provided to the preschool and referred student population.

The Immunization/Communicable Disease Control Programs continue to be busy with the provision of immunization, surveillance of communicable disease, specimen collection, and education provided by Community Health Nursing staff.

With the provincial Coordinated Home Care Program (CHCP) being announced in June 1987, the Community Health Nursing Division has been actively involved in the continuing development of the program. The CHCP involves five government departments: Community Services, Health and Fitness, Housing, Municipal Affairs, and Senior Citizens' Secretariat.

Implementation of the CHCP has been achieved provincially as of April 1990. The target population of the CHCP is seniors, the disabled, and families at risk. Community Health Nursing is responsible for the health component of the functional assessment of clients requesting

services. Delivery of nursing services has been contracted to the Victorian Order of Nurses in areas served by the VON, Martha Home Health in Antigonish County, and is delivered by Community Health Nursing in areas not served by either of the above providers. Volunteer initiatives are integral to the program.

Follow-up assessment within the Mental Health/Psychiatric Program continues.

As well, professional development programs continue to be offered to Community Health Nursing staff to ensure professional and current practice. Development of professional performance standards is being undertaken.

HEALTH PROMOTION AND FITNESS

The 1989-90 fiscal year was one of growth and development for the Health Promotion and Fitness Division of Community Health Services. Health promotion and illness prevention continued to be the Department's number one strategic priority, and resources and processes continue to be put in place to support this strategic objective and to work towards its attainment.

Within the framework for health promotion, the development of enabling systems is a major challenge. Enabling systems are those structures and processes that can be put in place to permit individuals and groups to achieve greater control over their health, and to enhance and maintain it. The activities carried out under the auspices of developing enabling systems can be broken down into three components: public awareness and education, community development, and the development of healthy public policy.

A number of projects and activities were undertaken to enhance public awareness and to educate the public about healthy lifestyle choices that promote health and prevent disease. The *Live for Health!* public awareness campaign was initiated. This multi-media campaign was developed as one of the major thrusts of the Healthy Lifestyle Promotion Program initiated in 1988-89. The objective of the campaign was to create awareness in the public on how to make healthy lifestyle choices, especially those choices pertaining to physical activity, diet, smoking, and mental health. An evaluation of this media campaign was undertaken by the Department and the results indicated that there was a high level of awareness of the campaign, with a corresponding level of desire or action to change personal lifestyle choices into more healthy choices. Another activity undertaken through the health unit system to foster public awareness and education regarding healthy lifestyle choices was the development of mobile display units. These units were developed to

contain flexible content which could be varied to suit the target group being served. These display units are still being piloted across the province. The displays which had the most positive impact were the Active Living and Rate Your Plate (nutrition) displays.

The most significant activity undertaken by this division in 1989-90 was facilitating the hiring of lifestyle educators, who would be part of the permanent staff at the regional health units. This is the first time health education services were offered comprehensively through the Department of Health and Fitness in Nova Scotia. The lifestyle educators will provide leadership for new health promotion programming by utilizing a community development model and facilitating local action around health promotion issues. The hiring process for the lifestyle educators was initiated during the 1989-90 fiscal year with all positions to be hired within the first quarter of 1990-91.

The Department, through the Health Promotion Division, participated in a number of activities that utilized the community development approach to resolve health promotion issues. The first of these is the participation and support of the Dartmouth Healthy Community Project. The Department served as an advisor in the development of this project. The Department has also agreed to be a co-funder of the project in order that it may serve as a pilot for other communities throughout Nova Scotia. The Strengthening Community Health Project, a tri-partner project undertaken by the Public Health Association of Nova Scotia, Health and Welfare Canada, and the Department, was also an activity in which the Department participated in order to foster the development of enabling systems around health promotion. The Department was an active participant in the planning stages to identify what activity the project would undertake and to design the implementation of this activity.

It was recognized that the development of public policy cannot be undertaken without a good understanding of the knowledge base that drives decision-making. The Department has participated in a federal-provincial project intended to further health promotion knowledge development. There has been ongoing liaison with the universities in the province to determine the need for funds to further the knowledge of health promotion programming and to evaluate of the same. The Department also has worked in the area of healthy public policy through the establishment of a government-wide, non-smoking policy. This policy was announced in February of 1990 and will become effective on August 1, 1990. This policy was developed with the consideration that the government has a strong commitment to the health and well-being of Nova Scotians and that it can play a leadership role in fostering the creation of a smoke-free environment. Lastly, the Department funded a number of local projects by providing health promotion grants to non-profit groups

who requested funding for projects that addressed one of the following objectives: health enhancement, risk reduction, and risk avoidance. The Department developed a policy supporting these projects with funding to enable local communities to address local health issues.

Smoking continues to be a major public health issue addressed by the Department. A number of initiatives have been undertaken by the Health Promotion Division. The 1990 Weedless on Wednesday Corporate Challenge was again co-sponsored by the Department in conjunction with the Nova Scotia Lung Association. The Department recognizes that the workplace is an ideal avenue for intervention. As many as 33 per cent of employees will stop smoking entirely if they are not allowed to smoke in the workplace. This also has a spillover effect to families by using the employee as a role model in the family and the community. The Department consulted with the federal government regarding strengthening legislation to inhibit the sale of tobacco to minors. In addition, support was given to the Department of Finance regarding the taxation of tobacco consumed in Nova Scotia. A survey on the smoking status of an adult Nova Scotian was conducted and an analysis will be available in the fall of 1990. In addition, the Department participated with the Nova Scotia Council on Smoking and Health to undertake a Knowledge, Behaviour, and Attitudes Survey of school-age children throughout Nova Scotia. Public awareness about the importance of smoking as a negative lifestyle choice was supported through the development of print and television materials.

Another public health issue which was addressed by the division was that of Acquired Immune Deficiency Syndrome (AIDS). The Department organized a workshop with 200 participants throughout Nova Scotia to discuss the release of the *Nova Scotia Report of the Canada Youth and AIDS Study*. This workshop was a very important focal point for interdisciplinary and cross-regional discussion of the issues surrounding youth and AIDS and how the Department can work with community groups and collaborative agencies to address these issues. The Department participated with community-based groups on the activities surrounding AIDS Awareness Week.

The promotion of mental health was also a significant program area addressed by the division. The major outcomes over the past year were the Work and Well-being Awards Dinner which was co-sponsored with the Canadian Mental Health Association/Nova Scotia Division. In addition, the division participated in the consultation of "Striking a Balance," which was a process to determine the objectives and strategies for mental health promotion within the province. All these activities were done in conjunction with the Psychiatric and Mental Health Services Division of the Department.

Finally, the Health Education section continued to participate in a number of collaborative activities with various health disciplines. This includes the development of programs and activities related to:

- Dental Health Month (April)
- Immunization Month (November)
- Nutrition Month (March)

The Health Promotion and Fitness Division was an active member of the following committees and boards: the Nova Scotia Council on Smoking and Health; the Nova Scotia Safety Council, Board of Directors; the Association for the Advancement of School Health Education; the Strengthening Community Health Project, Healthy Communities Project, the Coordinating Committee for the Nova Scotia Heart Health Program, and the Minister's Implementation Committee for the Royal Commission Report on Health.

The Fitness Division

The promotion of the Active Living concept has been the major thrust of the Fitness Division. This concept connects the mind, body, and spirit in physical activity within various stages of life and is an integral part of daily routines and leisure pursuits. The vision of the Fitness Division sees a Nova Scotia society that values regular lifelong physical activity as the norm rather than the exception.

The Fitness Division is aiming to increase Active Living awareness and participation rates among Nova Scotians through an integrated and collaborative delivery system.

Major initiatives of the Fitness Division included:

- Representing the Department at the Ministerial Conference of Sport and Recreation held in Halifax in October 1989.
- The formation and ongoing development of the first Nova Scotia Fitness and Lifestyle Leaders Association. The primary mandate is to develop a fitness and lifestyle leaders' training program to ensure the minimum standards of practice are maintained.
- The formation of the Nova Scotia Fitness Community Advisory Board, a committee comprised of health, recreation, and physical education professionals, which provides a broad-based opportunity for consumer participation in planning of programs and services.

- The provision of new Active Living resources in the Health Units.
- The promotion of Fitweek, Canada's celebration of physical activity participation. On Sneaker Day, the first day of Fitweek, Nova Scotia had a 12 per cent increase in participation rate from previous years.
- The formation of a Workplace Physical Activity Committee in the central office of the Department of Health and Fitness whose purpose is to encourage employees to lead a physically active lifestyle and serve as a role model for other Nova Scotian workplaces.
- Consultations with numerous organizations, health promotion agencies, government departments, businesses, and conference committees, both provincial and local, regarding the Active Living model.
- Ongoing collaboration and cooperation with federal departments concerning health promotion activities.

The Fitness Division is often requested to participate in a wide range of organizational and committee work at the national and provincial level.

Nutrition Services

Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nutritionists provide information and guidance to professionals and community agencies as well as to the general public. Typically, activities include the design and execution of workshops, prenatal and infant feeding classes, health fairs, pre-retirement seminars and regular contact with citizens through use of the media.

The primary program emphasis continues to be maternal and child health. Work began this year on revising the nutrition segment of the prenatal education program. The promotion of breast-feeding remains a major priority for many nutritionists, who work closely with other health unit staff to provide prospective new parents with as much support as possible.

Nutrition Services continues to supply printed nutrition information for professionals and the public. *Year One, Food For Baby* was revised this year and is distributed by community health nurses to parents of all newborns in the province. The sequel, *After Year One: A Guide For Parents*, also provides parents with the opportunity to develop good food choices in children aged one to six years.

The Nova Scotia Eater's Almanac, which was developed by Nutrition Services, continues to be a much sought after practical resource on nutrition for Nova Scotia consumers.

As part of their consultative role to the Department of Community Services, Day Care Services, community nutritionists review hundreds of menus each year and provide feedback to the centres and day care services for license renewal. Training programs are also provided for the staff of preschool centres on nutrition and menu planning.

Community nutritionists also actively promote the need for nutrition education among school decision makers. This year, work commenced on the development of a resource entitled *Guidelines for the Sale of Foods in Nova Scotia Schools*. Other school-based activities include teacher workshops, resource lending services (such as films, books), and training for school food service staff.

Nutrition Month 1990, an annual nutrition promotion campaign for elementary school children, again emphasized heart healthy eating. *The Healthy Heart Nutrition Squad* comic book was sent to every grade four student in the province and *Soup to Nuts* newsletters were also distributed to all teachers of grades three to six.

Summer activities include health fairs and programs specially designed to focus on nutrition within parks and recreation called *Fish'n for Nutrition*.

This year, community nutritionists became involved with the Nova Scotia Heart Health Program (NSHHP) in which they underwent a two-week training session prior to assuming their role as quality control persons for the NSHHP Nutrition Survey.

Community nutritionists are well represented in a wide range of organizations at the national, provincial, and local levels. These ongoing liaisons continue to provide opportunities for influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

In March 1990 the Federal Minister of Health announced the release of the new *Nutrition Recommendations for Canadians* along with the *Guidelines for Healthy Eating*. These documents provide impetus for ongoing revision and development of nutrition programming in Nova Scotia.

Epidemiology

The section was without an epidemiologist for all of 1989. Nevertheless, with the able efforts of support staff, communicable disease data entry and report generation continued. Seventeen cases of acquired immune deficiency syndrome (AIDS) were reported during 1989 compared to 13 cases in 1988, bringing the total to 59 cases since January 1983. In spite of an increase in the number of requests for HIV testing, the number of positive HIV isolations actually decreased to 43 or 1.1 per cent of all submitted tests, as compared with 53 in 1988. Hepatitis B, on the other hand, is showing a marked increase, with 195 new cases in 1989 compared to 183 in the previous year. A large, but by no means sole, contributing factor was an outbreak of hepatitis B among illicit injection drug users in Cape Breton. This is an increasingly important problem not only for its own sake, but because it represents a means by which the AIDS virus can spread throughout the general population.

Epidemiology continues its involveeent on various committees at the federal and provincial level dealing with chronic diseases such as cardiovascular problems and communicable diseases.

The epidemiologist has begun to develop a computer-based information system for epidemiology which includes the following. Policy statements are being stored electronically with the eventual aim of producing a standard policy manual. Means of access to epidemiology-oriented databases inside and outside the Department are being developed so that epidemiological information of relevance to Nova Scotia can be more easily obtained than at present. Such information will assist in program planning and in setting health goals for the province. The epidemiologist is working closely with the university and community health professionals with the aim of strengthening the working relationship between the Department of Health and Fitness and health professionals in the field.

Dental

The Department of Health and Fitness continued operation of the Dental Program during the fiscal year ending March 31, 1990 by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health and Fitness provided preventive dental services aimed at preschool and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and the community level. This part of the program is being emphasized by the Department due to its impact in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program. In line with increased emphasis on prevention, new initiatives have been undertaken through school-based fluoride rinse programs. To identify high risk children, school-based dental screening programs have been implemented with referral for dental care and follow-up to ensure compliance.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

During the year, three dental incentive grants were awarded to communities lacking adequate dental services. One grant was processed on behalf of the New Ross Health Co-op. A second partial grant was awarded to Mulgrave Medical Dental Clinic to assist in the acquisition of much needed dental x ray equipment. Hants North Medical Clinic was awarded a grant toward the purchase of dental equipment.

Public Health Engineering

The Division of Public Health Engineering provides health-related engineering services, as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants, and the general public.

The division includes eight regional public engineers and a specialist public health engineer, who report to the Director of Public Health Engineering. Regional public health engineers perform duties as

specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting, and coordinating the technical plans, policies, procedures, and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction, and extensions to these projects, are reviewed by the public health engineers prior to departmental approval being given.

The division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the division.

Educational and instructional activities are a major portion of the work program of the division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid-waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by division staff, as well as many local, municipal, or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association, and the Nova Scotia Association of Professional Engineers.

Radiation Inspection

The main effort of staff of this section is directed towards radiation inspections of hospitals, dental offices, research facilities, and industrial premises. Occupational exposure records are maintained and evaluation of radiation risk to workers, hospital or dental patients, and the public continues. In addition, radiation surveillance of the environment continued. Radon measurements confirm that there are very few areas of concern in Nova Scotia, and no related health problems. The staff of this

section gave lectures, attended seminars, and met with their federal, provincial, and international counterparts.

Public Health Inspection

The functions of the Division of Public Health Inspection are carried out through the seven health units in the province.

Inspectors are located regionally in 27 offices throughout the province, where they are able to provide service and consultation to boards of health, municipal bodies, other departments of government (both federal and provincial), and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments, and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the division protects the health of the community, the main responsibilities of the division are grouped under a number of headings, including: monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas, including eating establishments, food shops, pasteurization plants, milk and milk products, and bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection staff continue to be very active in the field of public food handler education. Food handler education courses are offered to eating and food shop establishment operators as well as to food handlers in hospitals, homes for special care, and food server training schools.

Nova Scotia continues to lead all other provinces in the training of food handlers leading to national registration under the Canadian Restaurant Association Program. During 1989, emphasis was placed on the development of various guidelines to include homes for special care and day care centres, which now constitute an important aspect of the inspection program. Again during 1989, in cooperation with the Public Health Engineering Section, refresher courses for sewage disposal installers were continued throughout the province with special emphasis placed on the amended Technical Guidelines for On-Site Sewage Disposal Systems which are being used as a supplement to the Nova Scotia Regulations Respecting On-Site Sewage Disposal (1985).

During 1989, a concentrated effort was placed on the assessment of the quality of convenience foods sold through various outlets which included vacuum-packed sandwiches imported from other provinces. The bacteriological quality of such foods was determined to be very satisfactory. A continuing effort was also placed on the maintaining of therapy tubs and swimming pools, and the surveying of recreational facilities.

In 1989, the Nova Scotia Department of Health and Fitness Guidelines were prepared as follows:

- Environmental Health Guidelines for Health Clubs and Fitness Clubs
- Guidelines for the Location of Cemeteries
- Environmental Health Guidelines Pertaining to Packaged Ice and Ice Making Machines
- Environmental Guidelines Pertaining to Workers Exposed to Sewage
- Guidelines for Bacteriological Quality of Water Used for Irrigating Agriculture Crops.

Heart Health Program

The Nova Scotia Heart Health Program is a community-based program designed for the promotion of heart health and the prevention of heart disease.

The mission statement of the Nova Scotia Heart Health Program is to promote the optimal heart health of Nova Scotians through community and individual empowerment and environmental charge.

A multifactorial, community health approach is essential in the alleviation of such a widespread public health issue. A coordinating committee with representatives from the public, private, and academic sectors has been formed by the Minister as a major vehicle to obtain a partnership between public health and the community. This committee is responsible for the overall design and implementation of the Nova Scotia Heart Health Program.

Currently, the coordinating committee has established the following three working groups: Strategy/Communication, Professional Education, and Public Education groups.

The internal mechanism to secure the community and public health partnership is the Heart Health Advisory Committee (HHAC). It pools the technical and scientific expertise of the Community Health Division of the Department of Health and Fitness and acts in an advisory capacity to the Department for matters related to heart health.

The Heart Health Advisory Committee has approved a major Cardiovascular Disease Worksite Program which will be piloted in the Atlantic Health Unit. The program is designed to assist employees to reduce their risk of developing cardiovascular disease. If the pilot program is successful, other health units will incorporate an adapted Workplace Heart Health Program into their activities.

A Heart Health Inequities Partnership has been established with the Nova Scotia Heart Foundation, Health and Welfare Canada, St. Francis Xavier University Extension Department, and the Nova Scotia Heart Health Program. A program proposal is currently being developed by the partnership for submission to funding bodies.

Presently, the Heart Health Program is conducting a comprehensive food consumption survey to determine the dietary practices and nutrient intakes as well as nutritional knowledge and awareness of approximately 2,000 adult Nova Scotians. Community health nurses and community nutritionists from the Department of Health and Fitness began the first phase of field operations in April 1990 for five to seven weeks, with the second phase scheduled for early September. The food directorate, Health Protection Branch of the Department of National Health and Welfare, is providing technical expertise by coding and analyzing the data. Publication of the survey results is scheduled for the spring of 1991.

The evaluation plan for the Heart Health Program is in the developmental stages. This will be broad in scope and serve as a basis for the evaluation of the Heart Health Program over a period of 10-15 years. As Nova Scotia is enroled as a collaborative centre with the World Health Organization - Countrywide Integrated Noncommunicable Diseases Intervention Program (WHO-CINDI), the evaluation plan will incorporate the guidelines laid down in the CINDI protocol. The overall objective of this program is to establish co-operative projects and programs to help prevent and control major noncommunicable diseases and promote healthier lifestyles.

The Nova Scotia Heart Health Program is currently assisting a Federal/Provincial Heart Health Initiative in the formulation of practical evaluation guidelines for the Community Heart Health Program to assist provincial jurisdictions in the formulation of evaluation plans for these programs.

The establishment of an incidence surveillance system in Nova Scotia is currently underway. A detailed plan of action to implement the record linkage system into the Department of Health and Fitness is currently being developed with assistance from Preventive Health Services, Health and Welfare Canada, Statistics Canada, and members from the Nova Scotia/Saskatchewan record linkage study.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1990 for the various health care services that are the responsibility of the Department of Health and Fitness. A comparison is made of the costs for the year just ended with those of the previous 12-month period which ended March 31, 1989. The Finance Division of the Department is responsible for the assembling and monitoring of the capital and operating budgets relating to these expenditures.

The staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Financial Services Officers provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the Department for approved services and equipment in hospitals totalled $706,474,008 in 1989-90, an increase of 8.1 per cent over the previous period, including new and expanded programs. The increase for 1989-90 was slightly more than the 7.7 per cent increase in 1988-89.

The amount of $21,577,409 for construction grants is significantly higher than the amount spent in 1988-89. During the fiscal year 1989-90 major projects were carried out at the Grace Maternity (Halifax), Valley Health Services Association (Kentville), Cape Breton Regional (Cape Breton), and All Saints (Springhill) hospitals.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are all costs for the Community Health Services Division. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $46,114,107 in 1989-90, a decrease of 9.7 per cent over the previous year. This decrease is accounted for by the effects of the transfer of the ambulance subsidy program to the Health Services and Insurance Commission.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $752,613,460 for the fiscal year ended March 31, 1990. The major causes of the 7.7 per cent rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements, and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the Department from the sale of birth, death, and marriage certificates.

The Division of Finance is responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. There is 6.4 per cent increase in the amount recovered for 1989-90 which is indicative of the higher average value of the claims settled and the number of claims occurring during the year, which increased from 2,396 in 1988-89 to 3,104 in 1989-90.

EXPENDITURES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1989 AND MARCH 31, 1990

	March 31 1989	March 31 1990	% Inc. (Dec.)
HOSPITAL SERVICES			
General Hospital Services	$593,260,875	$643,605,506	8.5
Psychiatric Hospital Services	47,826,986	51,963,179	8.6
Capital Equipment	12,545,685	10,905,323	(13.1)
	$653,633,546	$706,474,008	8.1
HOSPITAL CONSTRUCTION			
Capital Debt Assistance	$ 6,112,124	$ 10,014,889	63.9
Construction Grants	17,545,033	21,577,409	23.0
	$23,657,157	$31,592,298	33.5
HEALTH ADMINISTRATION AND PROGRAMS			
Administration	$19,527,209	$20,131,813	3.1
Community Health	31,470,167*	25,931,702	(17.6)
Capital Equipment	73,828	50,592	(31.5)
	$51,071,204	$46,114,107	(9.7)
TOTAL EXPENDITURES	$728,361,907	$784,180,413	7.7
Deduct			
Out-of-Province Recoveries	$27,870,359	$30,069,464	7.9
Third Party Liability Claims	1,310,612	1,394,470	6.4
Heart Health Recoveries	52,625	103,019	95.8
	$29,233,596	$31,566,953	8.0
Net Expenditures	$699,128,311	$752,613,460	7.7
REVENUE			
Registration Services	$415,041	$448,282	8.0

* Includes $10,873,995 for Ambulance Subsidy Program - transferred to the Health Services and Insurance Commission effective April 1, 1989.

SYSTEMS, RESEARCH, AND PLANNING DIVISION

The Systems, Research, and Planning Division was reorganized effective April 1, 1989. The primary changes were the merging of Program Evaluation and Health Care Statistics into "Research and Statistics", and the merger of data processing, data administration, and systems development into "Systems and Data Processing." The division continued to provide a wide range of technical and professional services as highlighted below.

Health Human Resources

The Health Human Resource section is responsible for the planning and monitoring of health human resources, primarily in the areas of human resource utilization, productivity, supply, distribution, and education, with a view to developing more comprehensive provincial health human resource policies to correct resource imbalances.

The Department, in conjunction with the Nova Scotia Royal Commission on Health Care, completed a comprehensive review of physician human resources in December, 1989. The report provided a detailed physician human resource management strategy aimed at managing the distribution of physicians as well as the rate of growth in both the number and cost of physician services.

A provincial review of health human resource issues and priorities was conducted by the Nova Scotia Advisory Committee on Health Human Resources. In view of the shortage of physiotherapists in the province, the Department, in conjunction with the College of Physiotherapy and the Department of Advanced Education and Job Training, conducted preliminary design work on a training program for Physiotherapy Assistants.

A Ministerial Task Force on Nursing has been slated for 1990.

Category	1989	1990	% change
Physicians	1700	1717	1.0
Dentists	402	419	4.2
Certified Nursing Assistants	3307	3269	-1.1
Registered Nurses	9623	9846	2.3
Physiotherapists	286	351	22.7
Pharmacists	*681	*715	4.9
Dental Hygienists	285	296	4.9

* Active Registered Practitioners

Research And Statistics

The Research and Statistics Section is responsible for program evaluation in addition to the routine and ad hoc reporting function for the Department's information systems. This section is also responsible for the operation of the library.

Program Evaluation Activities

Evaluation reports completed in this fiscal year include the following: a review of diabetes education programs, a review of geriatric day hospital programs, an assessment of the fifth axis of the Diagnostic and Statistical Manual as a measure of outcome in psychiatric mental health, an evaluation strategy for new hospital-based programs, an evaluation of the administrative summary package of reports on hospital utilization, proceedings of the quality assurance evaluation workshop, a review of data quality of the Admission/Separation Information System, and an analysis of leading surgical procedures performed in hospitals.

Projects still in progress at year-end include a statistical report on suicide in Nova Scotia, a review of in-patient and day surgery procedures, a report on the pre-natal smoking intervention program at the Atlantic Health Unit, a household survey of smoking prevalence, and a re-submission to the National Health Research Development Program to fund an evaluation study of hospital-based quality assurance programs.

Reporting Functions

Approximately 350 ad hoc information reports were prepared in 1989-90, with an average response time of six working days. In addition, 4,700 routine reports were produced and distributed to hospitals from the Admission/Separation System. Over the past year, the administrative summary package of reports examining hospital utilization has been revised with the addition of analytical and graphical support. All ad hoc users are routinely being surveyed for satisfaction with the service. In the past year, only three critical comments have been received about our service.

Systems And Data Processing

This section is responsible for the development and implementation of departmental computer systems, the coordination of systems development by third parties, the acquisition and maintenance of computer equipment, the processing and maintenance of production systems including data control, medical, and general coding, and the annual updating of the Long Range Systems Plan.

Systems Development Activities

The final components of the Reciprocal Billing System for inter-provincial hospital payments were completed in 1989-90 using the mainframe computer at the Provincial Data Centre. Specifications were prepared for a replacement Psychiatric Out-patient Data System by a multi-disciplinary user committee. Work will continue into 1992. The Department also participated on a multi-department project to prepare the Requirements Definition for a Home Care Information System. The Requirements Definition was also completed for an automated Vital Statistics System, but the decision on the type of computer system to be used had not been made by year-end.

In-house computer systems continued to be a growth area for the division. One of the important projects for the Departmental Minicomputer was started and brought to the pilot project stage, i.e. the automation of data input from hospitals for separation data. Work continued on modifying and enhancing the in-house hospital budgeting and reporting system to conform to new national management information system (MIS) guidelines.

In the microcomputer area, many more users were trained in the use of standard software packages and the volume of support service requests continued to increase. The most significant applications developed were a Death Records Database and Communicable Disease Reporting System, both for the Community Health Division.

Policy and Planning Activities

A new Long Range Systems Plan was prepared in 1989-90 with the primary emphasis placed on the future networking of all Department computers and participation in a provincial health information network. A Computer Policy Manual was prepared to help control and coordinate new purchases, and system development and maintenance practices.

Data Collection and Processing Activities

Data forms are submitted to this section for the Psychiatric Out-Patient System and for the Hospital Admission/Separation System (A/S System). Data are submitted on diskettes for the Community Health Nursing and Public Health Inspection systems.

The psychiatric out-patient data records include new patients registered, former patients re-registered, and contacts (visits) by patients as well as corrected re-submitted records. The total number of forms for 1989-90, including corrections, was 116,000. This represented

approximately 7,400 new registrations during the year and 3,800 re-registrations. There were 94,696 contacts (visits and telephone contacts). The actual active caseload as of March, 1990 was 18,318.

The Hospital Admission/Separation System includes patient separations (discharges) from both acute care and mental health hospitals. Approximately 185,000 patient separation forms were processed by this section this year. Of the 185,000 processed, 162,851 were actual discharges and the balance represents corrections to the file.

The total number of Community Health Nursing records processed was 355,000. This number includes new records as well as amendments to existing records. Approximately 216,490 were new records, each of which represents a visit by nursing staff to a home, school, or a facility other than a hospital.

The Public Health Inspectors System processed visits by inspectors to public facilities such as restaurants, food processors, and swimming pools. The number of forms processed was 70,000.

Health Records Consulting

The primary emphasis in 1989-90 was on quality and timeliness of data. A complete data quality review was conducted in the summer of 1989. Following this a Coding Consistency Committee was set up in conjunction with the Nova Scotia Health Record Association. Individual Health Record departments were surveyed regarding coding practices. This committee is presently composing coding guidelines, summarizing acceptable medical abbreviations and planning a 1990 workshop on Neoplasm coding.

Hospital Medical Record departments responded well to these concerns, resulting in significant improvement in the timeliness of hospital abstracts for in-patient separations (A/S System) and Day Surgery cases.

Other activities included working with Health Records and Admitting departments on data submission by tape and updating instructions for consistency in interpretation of the A/S System user manual.

Staffing guidelines for Health Record departments were revised to reflect approved budget workload volumes. Visits were also made to 22 hospitals throughout the year to provide consulting services and to review operations.

Hospital Computer Systems

The primary activities of this section were the provision of systems consulting services to health institutions, and the coordination of computer hardware and software installations and software support services for these institutions. Support for Financial Systems continued to be supplied by local private vendors under a provincial contract, while a group operating out of the Dartmouth General Hospital provided support for the provincially licensed Patient Administration Software and the sixteen hospitals using it.

In 1989-90 five additional hospitals were given approval to purchase multi-user computers for financiaLapplications, bringing the total to 40. Measurable progress was made in the implementation of new software to accommodate the national Management Information System (MIS) Guidelines for standardized hospital reporting, starting with Payroll and General Ledger in several regional hospitals. As part of the same MIS project, a "pilot" was begun for automating nursing workload measurement.

There was also progress in the implementation of patient information systems. The Grace Maternity and Izaak Walton Killam hospitals advanced in their shared systems project, with the introduction of terminals at the nursing stations primarily for communication of lab orders. The Victoria General Hospital and Camp Hill Medical Centre developed a Long Range Systems Plan for the joint development and implementation of a Patient Information System, which will use resources of the Shared Data Centre. A significant step in this plan was achieved this year with the conversion to the Victoria General Hospital software by the Camp Hill Medical Centre. At year-end, plans were in place for the Cobequid Multi-Service Centre to load the patient index and begin using the Shared Data Centre early in fiscal 1990-91.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, to provide vital statistical data from the records filed under this statute as the need arises, and to assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 415 copies of order for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registration of adoptions numbered 355.

During the year, notations completed on records totalled 1,909; of these, 811 were charged fees. A total of 258 legitimation procedures were completed.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 3,080 queries from the office.

The division received 44,120 letters, with outgoing letters of inquiry totalling 41,221.

Changes of name completed under the Change of Name Act totalled 412 for the year, with 182 duplicate certificates of Change of Name being issued.

Clergymen of all denominations, newly registered under the Solemnization of Marriage Act to perform marriages in the province, totalled 291. Clergymen whose names were removed from the Clergymen's Register during the year numbered 106.

The number of counter applications used for services was 20,810.

Delayed registrations of birth, or registrations completed more than one year following the date of birth, were completed and filed for 458 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,510
Deaths	7,583
Stillbirths	112
Marriages	6,790

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

1989	
Type of Certificate	Total
All Certificates	49,912
Birth (Short Form)	0
Birth (Long Form)	2,850
Birth (Wallet-Size)	40,091
Death (Short Form)	1,924
Death (Long Form)	327
Marriage (Short Form)	0
Marriage (Long Form)	2
Marriage (Wallet-Size)	1,448
Photocopies	3,270

Searches of records for which a count was maintained totalled 50,361. Many hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Because tabulations of details from the records of vital occurrences for the year 1989 cannot be completed until after this report will have been printed, specific causes of death and other detailed data cannot be included here. Such details will be available at a later date directly from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, B3J 2M9, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1989-90 the Department added a net of 17 positions to the establishment with an estimated cost increase of $528,882 (see Tables 1 and 2). There were 40 approved vacancies in 1989-90, compared to 62 in 1988-89. The major reason for the large decrease in approved vacancies was the levelling off of the Home Care Program. During the year, 127 people were appointed on a casual basis to replace staff for reasons such as maternity leave and fill-ins for vacant positions for periods of time. This is an increase of 50 from the previous year.

The Department, in cooperation with the Civil Service Commission, provided 55 employees with short course training in such areas as pre-retirement planning, supervisory techniques, and developmental courses for secretarial staff.

Four employees retired from the Department of Health and Fitness during the year with an average of 25 years of service per employee. They were:

Kay Delaney	–	Supervisor, Third Party Liability Finance Division
William Phelan	–	Public Health Inspector Cobequid Health Unit
Jerome Power	–	Regional Director, Health Care Institutions
Albert Victor Rowland	–	Administrator, Finance Division

TABLE 1
ESTABLISHED POSITIONS

	March 31/89	March 31/90
Field CHNs and CNAs	210	208
Inspectors	67	68
Engineers	9	9
Dentists	2	2
Dental Assistants	1	1
Dental Hygienists	23	23
Nutritionists	11	11
Clerical	153	159
Consultants, Technical, and Administration	97	106
Maintenance	1	1
Home Care Program	58	61
TOTAL	632	649

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1, 1989 - March 31, 1990

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS,DPP)	0	0	0	0
Professional Management (MCP,OIC)	4	4	223,934.	$202,066.
Professional & Technical (PR, TE, HSB)	10	1	378,491.	52,187.
Clerical (CL)	6	0	136,779.	0
Nursing (HSN, HSA)	1	3	12,033.	72,201.
Inspection (TE)	1	0	37,851.	0.
Nutrition (PR)	0	0	0.	0.
Dental (TE, HSB)	0	0	0.	0.
Maintenance (MOS)	1	1	17,411	21,763.
Home Care Program	3	0	70,600.	0.
TOTAL	26	9	877,099.	$348,217.
NET ADDED	17	0	$528,882.	

TABLE 3
VACANCIES

	April 1, 1988 to March 31, 1989	April 1, 1989 to March 31, 1990
Consultants, Technical, and Administration	11	10
Training Positions	1	1
Nursing	27	12
Engineering (Inspection)	1	4
Dental	1	2
Nutrition	0	1
Clerical	21	10
TOTAL	62	40

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/88 to Mar 31/89	April 1/89 to Mar 31/90	April 1/88 to Mar 31/89	April 1/89 to Mar 31/90
Deputy Minister's Office (including Personnel Division and H.S.I.C.)	2	5	1	0
Health Care Institutions	3	6	3	6
Finance Division	2	1	3	3
Systems, Research, and Planning	1	4	1	0
Psychiatric Division	0	2	0	2
Community Health Administration (entral Office and Health Units)	9	12	6	5
Nursing Services	19	8	7	4
Engineering Division (Engineers and Inspectors and Occupational Health)	1	1	1	2
Dental Division	1	4	2	0
Nutrition Services	1	2	0	0
Vital Statistics	8	3	9	1
Home Care Program	15	23	2	1
TOTALS	62	71	35	24

Home Care Program was established in the 1988/89 fiscal year.

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health and Fitness since October 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health and Fitness on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy, and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), operation of general hospitals, operation of psychiatric hospitals and mental health centres, and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health and Fitness. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts, regulations, and other documentation for consideration by the Executive Council, Policy Board, and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital, and the Nova Scotia Hospital.